Instructions for Completing the Medicaid Eligibility Worksheet

Return the completed Medicaid Eligibility worksheet to: EhrHelpdesk.DHHS@maine.gov

The worksheet has multiple tabs:

- **Tab 1: Fill in the worksheet:** Complete for each provider applying for the program year. Instructions are included below for completing the worksheet step by step. Multiple providers can be listed on one worksheet.
- **Tab 2: Patient Volume Calculation:** Complete with your Medicaid Eligibility for this program year application. Instruction link is on the tab where the data is entered.
- **Tab 3: Tip sheet: Audits** - Tip sheet describing the audit process and documentation requirements for the program
- **Tab 4: Version** –version of the worksheet

Important Note:

2016 is the last year any provider can begin the Medicaid EHR Incentive Program.
It is also the last year that AIU is available.

Click each link below for additional information:
2016 What You Need to Know
2016 Objective Table of Contents
2016 Sample MU submission
2016 Alternate Exclusions
2016 Security Risk Analysis
2016 Patient Electronic Access
2016 Professionals Practicing in Multiple Locations
2016 Public Health Reporting
2016 Public Health Objective spec sheet
Calculating the Medicaid Eligibility Percent
How to Make Changes or Updates to Provider Information on the CMS Registration Site
How to Generate a Certified EHR ID Number (CEHRT)

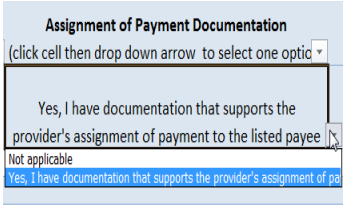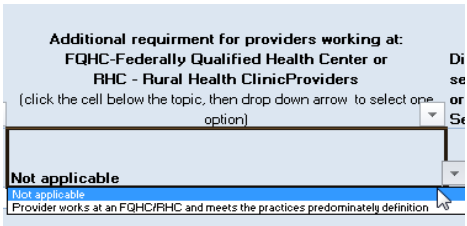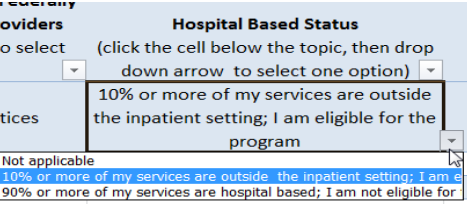# Medicaid Eligibility Worksheet
Step by Step Instructions

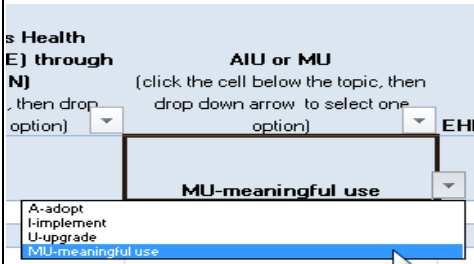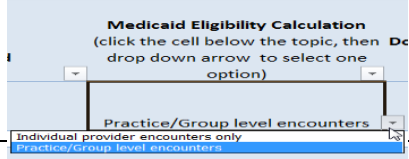|	Worksheet Item	Notes	Action required/Screen Shots/Example
1	Preparer's Name	Name of person completing this worksheet	
2	Best Method of Contact	email or phone for the person completing this worksheet	
3	Phone	xxx-xxx-xxxx	
4	Email	xxxx@xxxx.xxx	
5	Provider Name	List each provider name; one per line	

For all cells that have a drop down option please click the cell then the drop down arrow to select one option

2016 Application Option
(click cell , then drop down arrow to select one option)

Modified Stage 2- stage 1 exclusion for objective 3 ▼

6	**2016 Application Options** (click cell , then drop down arrow to select one option)	**Program Year 2016 available options:** 1. **AIU 2016** - available to providers first year of participation only. AIU does not require the submission of MU data. 2. **Modified Stage 2 with Stage 1 thresholds** - available to providers that would have been submitting Stage 1 in 2016. Objective 3 has an alternate exclusion for measures 2 & 3 3. **Modified Stage 2**	**2016 Application Option** (click cell , then drop down arrow to select one option) Modified Stage 2- stage 1 exclusion for objective 3 ▼
7	**Provider's Personal NPI Number**	list the eligible provider (EP) personal NPI number	Type in: 9 digit provider NPI
8	**Provider License Type** (click cell , then drop down arrow to select one option)	The following provider types are eligible for the Medicaid MU Incentive program: **MD** (Medical Doctor), **DO** (Doctor of Osteopathy, **DMD** (Dentists), **OD** (Optometrist), **PA** (Physician Assistant), **NP** (Nurse Practitioner), **CNM** (Certified Nurse Midwife). **Provider License Type** (click cell , then drop down arrow to select one option) MD (Medical Doctor) DO (Doctor of Osteopathy) DMD (Dentist) OD Optometrist PA (Physician Assistant) see additional requirments CNM (Certified Nurse Midwife) NP (Nurse Practitioner) **Physician Assistant** – must select the statement: Yes, I have submitted documentation demonstrating I work in a PA led FQHC/RHC to be eligible. **Physician Assistant (PA)** (see guide for additional requirements for PA) (click cell , then drop down arrow to select one option) Yes, I have submitted documentation demonstrating I work N/A	**Important Note for PA's:** Physician Assistant (PA) is eligible only when they are practicing at a Federally Qualified Health Center (FQHC) that is led by a PA or a Rural Health Center (RHC) that is so led. All PA's must submit documentation that they meet this definition prior to receiving payment. Examples of documentation could include: time sheets showing the PA is the primary care giver at a site (if an MD or DO gives care at the site documentation is required to show they are not the primary care giver); documentation that a PA is the owner of the site. If the site has a PA as the lead then all PA's at the site are eligible.
9	**Provider Specialty**	List the provider's specialty. If the provider's specialty is not listed on the registration it can be added by inserting on the I&A site. Provider types include but are not exclusive to: Psychiatrist, Cardiologist, Pediatrician, Family Practice, Surgeon, etc.	Type in specialty: example: Family Practice
10	**Payee Name**	If a provider is assigning payment list the payee name. **Example:** Dr. A is assigning his payment to the practice where he is under contract. List the name of the practice where the provider wants the payment to go.	Type in payee name: Example: XYZ Family Medicine

11	**Assignment of Payment Documentation** choose one	The Medicaid EHR Incentive program is a provider based program. It is up to the provider to determine where the payment is disbursed. If the provider elects, or is under contract to assign their payment, the payee that receives the payment must retain documentation that supports the provider's decision. If a provider is **not** assigning to another entity select "Not applicable". If provider is assigning payment select "Yes, I have documentation that supports the provider's assignment of payment to the listed payee".	
12	**Payee NPI**	Enter the payee NPI that will receive payment. This NPI must be capable of receiving payments from MaineCare. **Important*** The payee NPI that is entered on the provider's registration in the CMS NLR (National Level Repository) is the payee NPI that will receive payment. You are responsible for updating the NLR registration to reflect the correct payee NPI. We (Maine MU program) cannot change the payee NPI information that is sent to us from the NLR on the provider's registration.	Type in the 9 digit NPI for the payee
13	**Organization Structure**	List the organization structure for each provider. 1. Parent 2. Practice 3. Size of practice (the number of providers at the practice is not limited to those providers participating in the Maine Medicaid EHR Incentive Program)	Type in the organization structure: Example: Parent: XYZ Healthcare; Practice: XYZ Family Medicine; Size: 8 providers
14	**Provider Service Location**	List the provider's physical site location. If a provider works at multiple sites outside of one organization please list all practice site names and addresses for the provider.	Type in the practice site location: Example: XYZ Family Medicine 123 Medical Place Augusta, ME
15	**Providers working at an FQHC or RHC** choose one	This applies **only** to providers currently working in an FQHC or RHC. If you do not work at an FQHC or RHC enter NA or leave blank. If the provider works at an FQHC/RHC they must meet the definition of "practices predominantly". **Practices predominantly**, means an EP for whom the clinical location for over 50 percent of his or her total patient encounters over a period of 6 months in the most recent calendar year or the preceding 12 month period prior to this application occurs at a FQHC or RHC.If a provider has not worked at an FQHC/RHC for 6 months you must wait to apply when they meet the practices predominantly definition.	
16	**Hospital Based Status** choose one	**Medicaid claims data from the calendar year prior to this application year are used to determine a provider's hospital based status.** A provider is considered hospital based when 90% or more of their services are performed in an Inpatient Hospital (code 21) or ER Hospital setting (code 23). Hospital based providers are **not** eligible for the EHR Incentive Program and should not apply. If you are hospital based but **additionally** perform services greater than **10%** of your services outside of the Inpatient or ER setting and have documentation to support those services you are eligible to apply. See FAQ 3061 for more information	

17	**Maine's Health Information Exchange**	Does the provider participate in Maine's Health Information Exchange (HIE) through HealthInfoNet	type in Yes or No
18	**AIU or MU** choose one	Are you applying for AIU or submitting MU? If you are applying for AIU please indicate in the drop down if you are **A**-adopting CEHRT, **I**-implementing CEHRT, or **U**-upgrading CEHRT. AIU is only an option in the first year of program participation. If you are submitting meaningful use choose **MU-**meaningful use. A first time participant in the Medicaid Incentive program can choose to apply for AIU **or** to submit MU for the first participation year. **Important note:** 2016 is the last year a provider may enter the Medicaid Incentive Program and/or select AIU.	
		CEHRT – Certified Health Information Technology	
	Use these resources to find your CEHRT ID and specifications	Click here to go the CHPL site	Click here for a guide to Generate a CEHRT ID Number 2016
19	**CEHRT Product Name**	List the name of the CEHRT in use for this application	
20	**CEHRT Vendor Name**	List the name of the vendor	
21	**Product Version #**	List the CEHRT Product Version #	
22	**CHPL Product Number**	List the CHPL Product Number	
23	**Certification ID Number**	List the generated CMS EHR Certification ID number	
24	**CEHRT is 2014 Certified**	All CEHRT products **must** be 2014 Certified for program year 2016. Type in **yes or no** if your product is certified to the 2014 criteria. If your product is not 2014 certified, you are not eligible to participate in program year 2016.	type in: Yes or No
25	**Medicaid Eligibility Calculation** choose one	Select how the Medicaid Eligibility Calculation was determined. **Select one:** Individual provider encounters only or Practice/Group level encounters	
		Click here for Guide to calculating Medicaid Eligibility:	
26	**Does the EP practice at more than one practice site?**	If a provider works at multiple sites **outside** of a single organization type in yes. Please include documentation of the CEHRT system and location site of any additional practice locations.	type in: Yes or No This applies only to additional practice sites that are not part of a single organization.

27	**Multiple Site MU Reports Combined**	If a provider works at additional practice sites outside of a single organization system they will gather all MU reports and combine the data for submission. Type in NA, yes or no if the submitted MU for this provider includes report(s) from multiple systems that were combined.	Maintain copies of all MU reports used for submission. Type in: NA, Yes or No

28	**Objective 10: Public Health Registration Date** (required for all providers)	[Public Health Registration Requirements for 2016](#) [2016 Public Health Objective Spec Sheet](#) Enter the date that the provider's practice or individual provider was registered with Maine's Public Health Registry; and what registries were selected for the provider. The date is the original date of the PH registration. The 2016 requirements state that the registration date must be any time prior to or within the first 60 days of the providers reporting period. **Please Note:** If a practice or provider is not eligible for the Public Health exclusion(s), and/or did not register during the CMS required timeframe (prior to or within the first 60 days of the provider's MU reporting period) that provider is not eligible to apply for MU for program year 2016.	**Example 1**: **Practice A** - registered with Maine's PH registries on February 1, 2014. All providers working at that practice were listed in the PH registration and will use the February 1, 2014 date. If a provider joined Practice A in March of 2016, the practice will add this new provider to any current PH registries that apply to the provider's scope of practice. The new provider can meet any registry requirement for MU that is applicable and the date they will use is the original date the **practice** was registered – in this example 2/1/14. The practice registration meets the requirement with the original registration date as it is prior to the new providers reporting period and the new provider is added by proxy.
29	**Enter MU reporting period and dates for Program Year 2016**	Enter the start and end date for the provider's 2016 MU reporting period. **Please note:** CMS has published the final rule that changes the reporting period for program years 2016 and 2017 to a 90 day MU reporting period (was previously a 365 day reporting period).	The MU reporting period is either a 90 day or 365 day period dependent on the CMS rule in effect for the program year. This does not apply to providers submitting an application for AIU.
30	**Public Health Registries**	Type in all registries that the provider is registered for: • Immunization Registry • Syndromic Surveillance Registry • Specialized Registry – please list any specialized registry the provider is participating with. As of 2015 the Maine CDC Cancer registry is considered a specialized registry.	If an exclusion or alternate exclusion is used the provider must answer all three public health measures and meet or exclude to pass objective 10.
31	**Exclusion for Public Health Registries**	Type in all registries that the provider meets the exclusion for: • Immunization Registry (**IR**) • Syndromic Surveillance Registry (**SSR**) • Specialized Registry (**SR**) – please list any specialized registry the provider is participating with. As of 2015 the Maine CDC Cancer registry is considered a	If a provider is eligible for any exclusion (does not give immunizations, etc.) they will need to answer all 3 measures by either meeting or excluding to meet the objective.

		specialized registry.	
32	**Objective 1 - Protect Patient Health Information**	Enter the date the Security Risk Analysis (SRA) was completed or reviewed. [Click here for SRA tip sheet](#)	When you are completing the MU wizard for program year 2016 you will need to enter the date the SRA was completed or reviewed. The SRA must be completed or reviewed upon implementation of the CEHRT and every program year. You cannot reuse a previous years SRA.
33	**SRA completed for the 2015 program year**	The SRA or a review of the SRA must be completed for each program year. We did not collect the date for the 2015 program year.	Please enter the date the SRA or review was completed for the 2015 program year. We will update our records with this information.
34	**50% of all your encounters occur in a location(s) where CEHRT is being utilized.**	**Numerator** - Please state the number of encounters rendered by the provider during the reporting period that were rendered at a location(s) with CEHRT. **Denominator**- Please state the total number of encounters rendered by the provider during the MU reporting period. Please note that this should be the provider's total for all locations. **Threshold** = 50%	This is answered per provider. **Example**: Dr. A sees 100 patients during the MU reporting period. All encounters occurred at locations with CEHRT; the numerator is 100 and the denominator is 100, which equal 100%. If a provider sees patients at a site without CEHRT they will need to add those patients into the denominator to determine the percent.
35	**80% of all unique patients have their data in the EHR during the EMR reporting period.**	**Numerator** - Please state the number of unique patients seen during the MU reporting period by the provider that had data maintained in the EHR system **Denominator -** Please state the number of unique patients seen during the MU reporting period by the provider. **Threshold** = 80%	This is answered per provider. The unique number of patients seen during the reporting period can be found in the provider's MU reports for Objectives 8 and 9. That denominator will also be the denominator for this question. You will need to determine of those patients how many have their data maintained in the CEHRT to determine the numerator.